

3/3/2017

Sally Kedge, Speech-language therapist. Director of Talking Trouble Aotearoa NZ and Expert Advisor to NZSTA (New Zealand Speech-Language Therapists' Association) on Vulnerable Children/Youth

Submission: Children, Young Persons, and Their Families (Oranga Tamariki) Legislation Bill

Description of Talking Trouble Aotearoa NZ's work with vulnerable children/youth

I am a speech-language therapist working in New Zealand, principally in the Auckland region with children and youth. Talking Trouble Aotearoa NZ (TTANZ) is a social enterprise/profit for purpose organisation.

All the work of the TTANZ's small team of speech-language therapists relates to the **speech, language and communication needs of children and young people who are involved with care and protection, behaviour, mental health and/or youth justice agencies**. We have built up considerable experience from our direct work with children and teenagers in New Zealand, their families and carers and the professionals who support them. We also have been involved in academic research in this area and have undertaken training and professional development in New Zealand and overseas in the UK, Australia and Canada e.g. visits to youth justice and care and protection facilities, multidisciplinary Fetal Alcohol Spectrum Disorder diagnostic training at the Asante Centre in Canada.

Our work is highly practical drawing on trauma-informed and evidence-based research and practice from our own field of speech-language therapy, as well as from the fields of psychology, education and social work. Our experiences have provided us with unique insights into the role communication plays in the lives of children of all ages who are involved with Child Youth and Family across many areas, from community based and residential care and protection and youth justice services to specialist assessment services such as Gateway or forensic sexual abuse assessments. We have also provided training for many CYF staff as well for many from professional groups who interact with CYF.

Our key areas of work are:

- 1) **Speech-language therapy assessment/intervention** for children and youth. Most of our clients are involved with CYF. Funding for these assessments and interventions has needed to be sought for each individual client as many children and youth from CYF do not meet the criteria for the mainstream regular SLT services provided by MOE or MOH. This has meant we have only provided services for a small number of children and young people despite research and our clinical experience informing us that there is a large unmet need.
- 2) **Professional training for adults** who work with these children and youth. We have conducted professional training for a wide range of groups including social workers, lawyers, psychologists, teachers, mentors, alternative education providers, judges, police, NZ Fire Service practitioners and residential care teams. In the last year, we have provided bespoke training for CYF care team staff at residences (both care and protection and youth justice) and the Grievance Panellists and Managers who work in the CYF residences. In the next few weeks we will be providing training for a team

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of Gateway Assessors who carry out health assessments for children in the care of CYF and for the staff who carry out forensic assessments of children/youth who have been sexually assaulted. Our workshops and courses aim to equip professionals to:

- a. Consider the communication skills adults need to use when talking with any child and youth to ensure they can understand and have a voice.
 - b. Identify children and youth who may be experiencing difficulties with speech, language and communication
 - c. Adapt their own communication when working with children and youth.
 - d. Develop specific resources to help them in their work.
- 3) **Court-appointed Communication Assistants** engaged by the Youth Court (and sometimes by the District or High Court) to ensure that all involved in a legal process can communicate effectively with the vulnerable young person. This sometimes involves provision of Communication Assistance in Family Group Conferences as well as in court hearings and trials with witnesses, victims or defendants.
- 4) **Pilot Youth Justice speech-language therapy intervention** funded by the Youth Crime Action Plan. We are currently working with two youth justice CYF teams in the Auckland region, collaborating with the staff to develop tools, resources and strategies for use across youth justice to enable young people and their families to participate more effectively. This project aims to enable young people to understand the processes (both provided in oral and written form) and their own roles and responsibilities, and to enable them to express their views and choices.
- 5) **Research** looking at prevalence of speech, language and communication in groups of vulnerable children/youth (e.g. those accessing behaviour services or youth justice services) and developing and evaluating responses appropriate to the unique cultural and linguistic context of New Zealand.

Our work is unique in New Zealand as very few children/youth, particularly children over 8 who are involved with CYF, access input from speech-language therapists. Our direct experiences with children/youth in community, residence and court settings, and our experiences of working with their families, carers and the professionals who aim to help them, have given us some unique insights into the central importance of speech, language and communication. We observe many missed opportunities for developing the skills of children and youth, and see the results of lack of early intervention. We also see big gaps in the communication skills of, and resources available to, the adults who interact with them. These experiences form the basis of the comments below in this submission.

I support the intent of this bill because vulnerable children and young people need to

- 1) be provided with genuine opportunities to express their views and choices and,**
- 2) be provided with oral and written information about their care and the interventions set up to help them in forms that they can easily access,**

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and the various professionals involved need to work cohesively with children and their families, sharing information and developing true collaborations that bring about positive outcomes.

I welcome a focus on providing early, proactive support and specialised help. Well-developed communication skills act as a protective factor for children as they progress to adulthood as they allow access to education, positive friendships and support mental wellbeing. Speech, language, literacy and social communication skills underpin success in adult life in employment, relationships and parenting.

Providing children/youth with 'agency' and a 'voice' are important central themes which are often lacking in the current system. Ensuring that children and young people genuinely have a 'voice' and can make sense of the information given to them will require careful planning within the new structures being developed.

For people working outside of this field, it is often difficult for them to comprehend just how difficult it is for some young people to communicate, especially our most vulnerable children and youth. A simple 'nod' or a 'yeah, yeah, yeah' is often taken as affirmation of a young person's understanding of a situation or agreement to things they often have no true understanding of. The complexity of the language used with young people is often way beyond their ability to understand it. Often their experiences of life and challenges have not equipped them for the communication demands they face when interacting with professionals. Professionals need to learn to adapt their ways of interacting to allow children to fully participate.

When considering the 'voice of the child' I am concerned to ensure that all children can be heard. Do children and their families understand what professionals are saying to them? Do children and their families know what they have to do? Do children and their families have the language and communication skills necessary for joining in and expressing their views? This is challenging when children have language needs such as gaps in their vocabularies and concept knowledge or if they find it difficult to use language to explain, reason, predict, sequence events or negotiate. Are staff skilled in finding out the views of children when children find it difficult to communicate?

What is the relevance of speech-language therapy to this population?

Recent research from a NZ Youth Justice Residence established that 64% of teenagers whose language skills were assessed had significant language impairments compared with age-matched peers (only 10% of the age-matched peer group had language difficulties). Considering that very high levels of young people in youth justice have a care and protection history we are very concerned that this groups' language and communication needs were not picked up and responded to earlier in their lives. Speech, language and communication factors may not be the only factors leading to involvement in offending, but high levels of frustration, behavioural difficulties, mental health needs, lack of school engagement and

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poor social skills are often linked with speech, language and communication difficulties, and lack of identification and intervention may contribute to poor outcomes in later life. It will be essential to ensure that professionals working in this sector know how to identify children who are not reaching their potential in language development and ensure they receive appropriate support.

What impact do speech, language and communication needs have on vulnerable children and youth?

These language difficulties impact severely on their ability to participate in learning situations, social relationships with family, peers and other adults, and impact negatively on their ability to get the full benefit from the interventions put in place to help them. They also require our specialised help within legal processes such as Court hearings and trials, or in Family Group Conferences to ensure they can understand what is being discussed and planned, and can contribute their own views. Young people often stay silent in these 'talk-fests'. Considerable skill on the part of the professionals involved is required for FGCs to be truly restorative for the victims, and to help the young people to develop a plan with their family to address their needs. These professionals need to be supported to adapt their communication skills and be equipped with the right tools and strategies.

Such high levels of speech, language and communication impairments found in NZ populations known to Child Youth and Family require a response that ensures that their needs are identified much earlier in life and appropriate interventions are provided. This recent NZ data echoes other international findings, and is borne out by our own clinical practice which in the last few years has found us working in new roles as court-appointed Communication Assistants with young people known to care and protection and youth justice services who present with severe gaps in their listening, comprehension, vocabulary, ability to use language to express their thoughts, feelings or their perspective on events.

When these youth are referred to us for this service at age 15 or 16 we are frequently astounded that no one has picked up their struggles with communication before this age. It is not uncommon for these young people to be struggling with basic life skills such as understanding the words to do with time such as how long 'half an hour' is, what 'three weeks' or a 'fortnight' means. Often they struggle when trying to tell another person what happened when they got in trouble and they frequently have no little or no understanding of important words relating to their current situation such as 'remorse', 'victim', 'witness' or 'charges'.

Listening carefully to the complex information delivered in youth justice settings is often extremely challenging to the point where they often give the impression that they are unmotivated or uncaring about the outcome. They are prone to nodding when asked 'do you understand that?' as the quickest way to end stressful interactions, and because they are embarrassed and want to hide their lack of comprehension. It is no wonder to us that many of these young people have disengaged from mainstream education, appear

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unmotivating by the talk-based interventions that are designed to help them and have tried to develop self-esteem and kudos via negative endeavours. Provision of specialised language and communication support that identifies the strategies and resources that allow the young person to participate can transform their engagement and comprehension.

What may be associated with speech, language and communication in vulnerable populations?

Any child may experience difficulties acquiring language in childhood, regardless of what first language they are learning. Many oral language difficulties later lead to difficulties acquiring literacy skills as spoken language development underpins later development of spelling, reading and written language. Some speech, language and communication needs are associated with specific conditions such as Autism, Down Syndrome or Cerebral Palsy. However, in many cases speech, language and communication needs arise with no obvious cause.

Children and young people who are vulnerable because of care and protection concerns or involvement in youth justice have higher levels of speech, language and communication needs than the general population for a range of sometimes overlapping reasons, for example, because

- 1) they may be more prone than other groups to intermittent hearing loss associated with glue ear which can be linked to poor housing conditions and general poor health;
- 2) they may have experienced head injury due to violence and trauma or because of conduct disorders leading to dangerous risk taking behaviours, which can cause acquired language impairments;
- 3) they may have experienced frequent changes or gaps in education provision or may have missed out completely on early childhood education resulting in vocabulary gaps and poor social skills. Many young people involved in youth justice have removed themselves from formal education altogether meaning they are not learning new vocabulary or developing high level language skills such as negotiating and reasoning, or the specific communication skills required to continue their education, or to get and keep a job;
- 4) similarly, they may have experienced frequent changes in caregiver which can lead to problems forming attachments. Strong, secure attachments sit at the base of communication development, and problems forming and retaining social relationships in early childhood can result in difficulties relating to other children and adults in later life and with the development of empathy;
- 5) early trauma (abuse or family violence) can result in hypervigilance and difficulties attending, listening and engaging with other children and adults;
- 6) high levels of neglect can include lack of early stimulation, play and interaction with children. Children require exposure to rich language environments with responsive

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adults who sensitively interact with them in order to acquire communication skills. Parents who are unavailable through poor mental health or drug/alcohol dependence may struggle to provide such responsive interactions with their children;

- 7) high levels of multi-substance or alcohol use in pregnancy may have caused damage to their neurological development *in utero*, such as Fetal Alcohol Spectrum Disorder;
- 8) parents who experienced poor parenting and trauma themselves in childhood may find it difficult to provide the responsive, language-rich interactions their own children need to acquire strong positive relationships and communication skills;
- 9) a wide range of neurodisabilities, many of them affecting communication development, are common in populations of children known to care and protection and youth justice services;
- 10) children with disabilities including those that impact on speech, language and communication are more vulnerable to being abused by others, and are often less able to speak out about such abuse.

What can be done to help?

The future development of services to meet the needs of vulnerable children and youth will require

- 1) all staff
 - a. to be trained to recognise speech, language and communication needs in children and adapt their communication appropriately
 - b. be equipped with the best tools and resources to convey information as easily as possible, and that allow children to express themselves
- 2) access to speech-language therapy services as early as possible and for as long as required, to ensure that children's needs are appropriately responded to.

Expertise in speech, language and communication will be required to ensure the appropriate resources, tools and strategies are available to staff. Speech-language therapists are not commonly part of the workforce who currently provide services to children and youth involved with care and protection and youth justice services, nor in training staff to adapt their communication.

Encouraging results have been found when opportunities have been provided to consider the speech, language and communication needs of these children and to provide specialised input into the multidisciplinary team to help understand the impact a child's speech, language and communication profile has on other areas of their life. Many interventions such as counselling rely on high levels of verbal interaction.

Many oral language difficulties go undetected because they are easily masked by other factors. The child's behaviour may be highly concerning and requiring of attention which

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may prevent a clear picture of their underlying skills being evident. Staff may be so accustomed to high rates of language difficulties that they have a skewed picture of what typical development of language is like at different ages. This can lead to low expectations of children which may prevent them from achieving their potential or from staff seeking help for children who could benefit from acquiring new skills.

Staff need training to ensure that they can communicate in developmentally appropriate ways with all children. This is challenging when complex, sensitive and important information needs to be conveyed to any child regardless of their language competences, especially when the child is distressed or traumatised. It is made harder still when the child is very young or when they find listening, understanding of language and expressing themselves difficult. Speech-language therapists can assist other professionals when they are trying to carry out this work by providing strategies and resources tailored to the specific needs of the child.

Interventions need to start early in life for vulnerable children. Currently many children do not have their speech, language and communication needs picked up at all or if they do, they get limited services only for a short period of time or their needs are picked up later in childhood when there are few if any services for them to access.

Parents and carers need support to help them build speech, language and communication skills in the children they care for. This can be done proactively so interventions start early, as early as birth.

Speech-language therapists can support families and new carers to develop strong positive relationships with their children and develop the language skills during the rapid brain development period of early childhood. By five years old there is often a huge gap between the language skills of the most advantaged in our society and the most disadvantaged.

I would like to see much earlier, intensive interventions offered for young children who present with concerns with behaviour and social needs, and for those whose parents (particularly mother) who present with mental health concerns as there is strong evidence that these children are at high risk for future involvement in poor outcomes, including offending. Speech, language and communication needs within this group need to be identified and addressed.

For New Zealand's most vulnerable children and young people, those who are in CYF residential settings, speech-language therapy interventions need to be included in the multidisciplinary education, care, health and therapeutic teams. These residences need to be truly therapeutic settings, from the way they are physically designed to the design of the interventions and programmes that take place within them. Highly qualified, experienced and supported staff need to work cohesively so that positive interventions can follow a young person across their whole day whether they are at school or at 'home' in residence. These children and young people need culturally relevant interventions that develop their positive identities. Particular importance needs to be paid to develop

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interventions that respond effectively to the specific needs of Maori tamariki and their whanau. I am concerned about the high number of Maori within youth justice, and within the population of those accessing care and protection services. I am concerned by the very high rates of youth within the youth justice system who have either historic or current care and protection concerns.

I support the intent to raise the age of youth justice. All 17 year olds should be able to access the youth justice system. There should be provision for some 18, 19 and 20 year olds to be brought back into the youth justice system in cases where the adult justice system is inappropriate. Some young adults within the adult justice system have high rates of significant learning, language and communication needs which require additional support. The more therapeutic approach provided in youth justice that seeks to understand and address any underlying reasons for becoming involved in offending may assist in preventing recidivism.